

Vine House Patient Participation Group

Minutes of meeting held on Thursday 17th October 2019

PRESENT

Murray Blackford, Sue Brady, Alison French, Christine Jones, Sue North, Brenda Southorn, Jo Stanley, Ron Whatton

ITEM 1 – Introductions

Two new members were welcomed to the group

ITEM 2 - Apologies for absence

Bob Cockerell, Joan Gentry, Eric Goldsworthy, Jane Lay, Sandra Ludlow, Rose Morgan, Lynn Pragnell, David Stower

ITEM 3 - Minutes of the last meeting, held on Monday 8th July 2019.

The minutes were signed as a true record.

ITEM 4 - Matters arising

a. Item 4 – Patient Access:

- The website now explains that patients signing up for on-line access (for which proof of identity is required) can have their identity verified at the Vine House Surgery at weekends (if it is open for Hub weekend appointments)

It was requested that the paper application form for signing up for on-line access should also explain this. **ACTION: Jo and Chris**

- The website now explains that the extended hours and weekend appointments that are available across the hub of **cannot** be booked via the on-line Patient Access system or via the telephone automated booking system.

b. Item 5 – Sheepcot PPG – Sue N noted that she had not met with Sheepcot PPG yet, but was in the process of setting this up

ACTION: Sue N

c. Item 7 a – Future meetings-

- Sue N and Jo had attended the PPG Network meeting to discuss Group Consultations, and that this had been an informative meeting. Group consultations could be held for a group of patients with specific long-term conditions (eg diabetes, or lung disease or asthma etc). Advantages included a longer time spent with a clinician/nurse (a group session would normally last about an hour), better use of clinical time (less repetitive), mutual support for patients. Trials had

shown this to be popular with patients. The scheme has not been introduced yet, but is likely for the future.

ITEM 5 – CQC Inspection on 2nd October

The CQC had carried out the inspection and Chris and Jo reported that there had been some changes to the structure of the inspection since the previous one, and in some areas it was more intensive. No report was expected for a few more weeks.

ITEM 6 - Report back on the Patient Engagement Network meeting on Tuesday 8th October

Sue N reported on information received at the meeting:

Community adult services

As previously planned Central London Community Healthcare trust (CLCH) took over the running of Adult Community Services. This change was communicated to all patients involved with the community services prior to 1st October.

A significant aim of CLCH is to establish a robust quality control system to ensure that improvements are made when shortcomings are identified. This will take account of patients' views from feedback questionnaires and 'patient stories' on videos.

The '15 steps challenge' will be used to ensure that the patient experience is as good as possible ie welcome, clean, information is clear, communication is good. (This is not about the clinical aspects)

The main changes were described as:

- a. Community in-patient beds
These are at Potters Bar Hospital, Langley House and St Peter's ward at HHGH. They are now managed by CLCH, and the first discernible change will be an increase in staffing ratios.
- b. There is a single point of access for Community nursing, physiotherapy and occupational therapy, and more nurse and health care assistants are being recruited
- c. Blood and bowel/Tissue viability and Podiatry services have also transferred (Diabetic foot issues remain with the Hertfordshire Community Trust)
- d. The rapid response service is being further developed and will be fully functional by April 2020, with the aim of working with the Social Care system to ensure that hospital admissions are avoided and discharges from hospital are as swift as possible

Christine reported that there had been some teething problems, specifically with domiciliary blood (phlebotomy) services, and some issues with the transfer of tissue viability services, as patients now have to travel to local hubs, the Meridan Surgery being the nearest, for dressings to be changed. (Previously they were able to have dressings changed at Vine House surgery).

Coordination of transport arrangements had been an issue with Rapid Response.

ENT services

These were taken over by Communitas Clinics at the beginning of January 2019. This is a community based Ear, Nose and Throat Service for patients registered with a Herts Valley CCG GP, with improved access bringing care closer to home.

As a result of the change the following improvements have taken place:

- Extended hours, and clinics available at local sites, eg Kings Langley Surgery and Cassio Surgery
- Recruitment of additional ENT clinicians and Audiologists
- Recruitment of Administrators and Health Care Assistants
- Clinics in Potters Bar
- Link with local transport providers
- Waiting times reduced from as much as a year, to under 20 weeks, working towards a target of 4-6 weeks
- Clinical assessment of all ENT referrals – right place first time
- Diagnosis and treatment of a range of ENT conditions
- 14 days of medication
- One Stop treatment where appropriate
- Direct listing for hospital treatment

Anne Robson Trust – End of Life support

This Trust was established one year ago in Harlow, and the concept has now been introduced in 5 more hospitals with 7 more expected soon.

50% of all deaths occur in hospital, and 40% of patients receive no visitors whilst in hospital.

The vision of the trust is that ‘no-one should die alone’ and volunteers (known as ‘Butterfly Volunteers’) help support and talk to patients in hospitals who are close to the end of life.

(Anecdotally, they have also initiated important discussions about admin matters that many people have omitted to sort out, such as wills etc)

The Trust runs free workshops for Health Care professionals and members of the public.

ITEM 7 – Draft Incentive Scheme for PPGs

The draft Incentive Scheme for PPGs had been issued at the network meeting, and is expected to be adopted by HVCCG in November, and should be in place by next April.

Overall the PPG is probably around bronze level at this stage.

Aspects that need further development include measures to ensure that the group is representative of the registered patients. Previously two sixth form students had attended for a year, representing the younger population. Young patients, over the age of 16, could be targeted to ask for volunteers. This could be particularly useful for students embarking on careers associated with health care, or simply as voluntary service to record on their CV.

ACTION: Jo

It was suggested that a ‘patient satisfaction survey’ about the patient experiences whilst attending appointments at the practice would be useful. This could include factors about

comfort and communication. A draft document would be prepared, for discussion at the next PPG meeting.

ACTION: Jo

It was agreed that the incentive scheme could provide a useful structure to help the PPG and the practice.

There was discussion about the timing of PPG meetings and whether day time meetings were helpful, or made inclusivity more difficult. It was noted that it was impossible for a doctor to attend during the day. None of the PPG members present had a preference, so it was agreed that future meetings would be held in the evenings,

ITEM 8 Any other business

a. Education meeting on use of defibrillators

The practice had received a donation of £500 from a grateful patient for the purpose of running a public education meeting about how defibrillators are used. PPG members would be willing to help with running such an event.

b. Respite care

It was noted that Langley House was used for rehabilitation after hospital stays, or to provide intervention to prevent hospital admission, but was not used for respite care (to give carers a break, for example).

ITEM 9 - Date of the next meeting

The next meeting of the PPG will be held at 7.30pm on Wednesday 15th January, at Vine House Health Centre.